

ENROLLMENT APPLICATION FOR APPRENTICESHIP TRAINING

DATE OF APPLICATION DATE AVAILABLE FOR TRAINING				
NAME				
ADDRESS	PHONE NO.			
CITY, STATE, ZIP	DATE OF BIRTH			
E-MAIL				
Apply for a Utah Masonry Council Registe	ered Apprenticeship: Please select the program you are applying for.			
	n- This program services the great state of Utah, Arizona, Louisiana, and on line and in producer member plants. Minimal travel will be required.			
are held at the Salt Lake City	gram- This program services the great state of Utah. Classes & lab Community College 4600 S Redwood Rd, Salt Lake City, UT 8413.			
	ATION FOR UMC'S APPRENTICESHIP BEFORE?YESNO			
	ORMAL JOB DUTIES A MASONRY APPRENTICESHIP WOULD IFTING OF HEAVY OBJECTS AND WORKING IN THE HEAT OF			
WOULD YOU REQUIRE ANY SPECIAI YESNO	L ACCOMMODATIONS TO PERFORM YOUR JOB DUTIES?			
	FELONY IN THE LAST SEVEN (7) YEARS? YES NO nt an applicant from qualifying for the apprenticeship.			
ON ENTERING THE APPRENTICESH	IP PROGRAM, I AGREE TO OBSERVE ALL THE RULES OF THE			

ON ENTERING THE APPRENTICESHIP PROGRAM, I AGREE TO OBSERVE ALL THE RULES OF THE UMC APPRENTICESHIP PROGRAM INCLUDING, BUT NOT LIMITED TO, THEIR SAFETY GUIDELINES, AND TO PERFORM SATISFACTORILY SUCH DUTIES AS MAY BE ASSIGNED TO ME FROM TIME TO TIME. I UNDERSTAND THAT ANY CONTINUATION OF THE APPRENTICESHIP TRAINING PROGRAM SHALL DEPEND UPON THE SATISFACTORY PERFORMANCE OF MY JOB.



I HEREBY AUTHORIZE UMC TO MAKE A THOROUGH INVESTIGATION OF MY PAST EMPLOYMENT AND ACTIVITIES.

I HEREBY RELEASE UMC AND ITS AGENTS FROM ANY CLAIMS AND ALL LIABILITY THAT MIGHT ARISE FROM THIS INVESTIGATION INTO MY APPLICATION FOR THE APPRENTICESHIP PROGRAM.

PLEASE LIST LAST TWO (2) EMPLOYERS, BEGINNING WITH THE MOST RECENT FIRST: (NOTE: Experience in masonry construction is not required.)

NAME OF COMPANY	FROM	TO	
ADDRESS			
JOB DUTIES			
REASON FOR LEAVING			
NAME OF COMPANY	FROM	TO	
ADDRESS			
JOB DUTIES			
REASON FOR LEAVING			

WHY DO YOU WANT TO ENTER THE UMC MASONRY APPRENTICESHIP TRAINING PROGRAM?

I UNDERSTAND THAT ANY FALSE ANSWERS OR STATEMENTS MADE BY ME ON THIS APPLICATION OR OTHER REQUIRED DOCUMENTS MAY BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF ACCEPTANCE INTO THE TRAINING PROGRAM. THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES AND INFORMATION ON IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Return this application via email <u>cassie@utahmasonrycouncil.org</u>.